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STATE OF HAWAII DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

P.O. BOX 119 HONOLULU, HAWAII 96810-0119

JAN 9 2003

COMPTROLLER'S MEMORANDUM NO. 2003-01

TO:

Heads of Departments

ATTN:

Payroll/Personnel Offices

SUBJECT:

Submission of Certain Form W-4 Withholding Certificates for Calendar

Year 2003

This is to remind departments and agencies of the IRS requirement to submit photocopies of certain Form W-4 "Employee's Withholding Allowance Certificate".

Instructions on the proper method of preparing and submitting the photocopies of Form W-4 are as follows:

- A. Types of Form W-4 to be photocopied:
 - 1. Employees claiming more than 10 withholding allowances.
 - 2. Employees claiming exemption from federal income tax withholding and their wages would normally be more than \$200 per week.

Reminder: A Form W-4 claiming exemption from withholding is valid for only one (1) calendar year. To continue to be exempt from withholding in the calendar year 2003, an employee must file a new Form W-4 by February 15, 2003. If the employee does not submit a new Form W-4, the employing department must withhold federal income tax as if the employee is single with zero withholding allowances.

- B. Information on Form W-4:
 - 1. IRS has requested that copies of Form W-4 be clear and legible.

- 2. Enter payroll number and check distribution code in the upper right hand corner.
- 3. Enter employee's name and address (Block #1). The employee's name should match the name shown on the employee's social security card and the payroll/personnel files.
- 4. Enter employee's social security number (Block #2). The employee's social security number should match what is shown on the employee's social security card and in the payroll/personnel files.
- 5. Enter the employee's martial status for tax withholding purposes (Block #3).
- 6. Complete Block #4 if applicable.
- 7. Enter the number of allowances claimed (Block #5).
- 8. Complete Block #7 if applicable.
- 9. Employee's signature and date.
- 10. Complete Blocks #8 and #10 as follows:

STATE OF HAWAII CENTRAL PAYROLL P. O. Box 119 Honolulu, Hawaii 96810

EIN: 99-6001081

C. Method of Submittal:

Attach a memo to the Form W-4 copies to indicate the name of the transmitting department/agency and total count of the forms being submitted.

D. Submittal Deadline:

The memo and copies of Form W-4 are due in DAGS Central Payroll no later than five (5) working days after the quarter has ended.

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If there are any questions regarding the IRS requirements or preparation and/or submission of the Form W-4 photocopies, please contact DAGS Central Payroll at 6-0629.

RUSS K. SAITO State Comptroller

Attachment

Form W-4 (2003)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2003 expires February 16, 2004. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from vitnholding if: (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filling status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

your serial and your departments of other quality-ing individuals. See fine E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 319, How Do 1 Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2003. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

AMILLI	riolding allowances based on itemized		rity card.		
	Personal Allowances Worksho	et (Keep for your	records.)		
A	Enter "1" for yourself if no one else can claim you as a dependent				
	 ✓ You are single and have only one job; or)	
В	Enter "1" if: { • You are married, have only one job, and your sp	ouse does not	work; ar	}	В
	Your wages from a second job or your spouse's w.			00 or less.	
С	Enter "1" for your spouse. But, you may choose to enter "-0-" if y	ou are married	and have either a	working spouse or	
_	more than one job. (Entering "-0-" may help you avoid having too				c
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return				
	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . E				
	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F				
	(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)				
G	Child Tax Credit (including additional child tax credit):				
	If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional				
	if you have three to five eligible children or 2 additional if you have six or more eligible children. If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children. G				
	"2" if you have three eligible children, "3" if you have four eligible children, or	'4" if you have five	or more eligible child	fren.	G
Н	Add lines A through G and enter total here. Note: This may be different from to	he number of exen	aptions you claim on	your tax return.	Н
	If you plan to itemize or claim adjustments to	income and wa	ant to reduce you	r withholding, see the	Deductions
	For accuracy, and Adjustments Worksheet on page 2.		b-st -		
	complete all • If you have more than one job or are married and you and your spouse both work and the combined earni worksheets • from all jobs exceed \$35,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little				
	that apply. withheld.	mer/ Iwo-sop	iroinsileet on pe	ige z to avoid having	too nac tax
	• If neither of the above situations applies, stop	nere and enter t	he number from it	ne H on line 5 of Forn	n W-4 below
Form W-4 Department of the Treasury Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see page 2. OMB No. 1545-0010 2003					
1	Type or print your first name and middle initial Last name	eddellon Act He	rice, see page z.	2 Your social security	number
•	Type or print your first harne and mindse minds.			1007 30000 30000 13	110111001
	Home address (number and street or rural route)				5:!>-
	Harrie Bodiess (Highwell and Shoot of Faran Foreign	3 Single Married Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident affen, check the "Single" box			
	City or town, state, and ZIP code	4 If your last name differs from that shown on your social security			
	City of terms, succe, and an economic			ili 1-800-772-1213 for a n	_
					
5	Total number of allowances you are claiming from the 11 above of from the applicable worksheet on page 2)				······································
6	Additional amount, if any, you want withheir from each paycheck				
7 I claim exemption from withholding for 2003, and I certify that I meet both of the following conditions for exe				ons for exemption:	
	 Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. 				
	If you meet both conditions, write "Exempt" here				
Llad	ler penalties of perjury, I certify that I am entitled to the number of withholding all	wances claimed o	n this certificate or I	am entitled to claim exer	not status.
Em (For	pfoyee's signature m is not valid	strations statistics o	Date ▶	an annual to stant one	
unie	ess you sign it.)	ding to the IDC \	9 Office code	10 Employer identifica	tion number
В	Employer's name and address (Employer: Complete lines 8 and 10 only if sen	and to the iks.)	3 Onice code	Liv cimpioyer identifica	COLLING HOG
			(optional)		

	Deductions and Adj	ustments Worksheet				
Note: 1	Use this worksheet only if you plan to itemize deductions, clain Enter an estimate of your 2003 itemized deductions. These in charitable contributions, state and local taxes, medical expens miscellaneous deductions. (For 2003, you may have to reduce	es in excess of 7.5% of your income, and				
	is over \$139,500 (\$69,750 if married filing separately). See Wo					
	\$7,950 if married filing jointly or qualifying widow(er					
	\$7,000 if head of household	′				
2	Enter: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\				
•	\$3,975 if married filing separately	- " 0 "				
3	Subtract line 2 from line 1. If line 2 is greater than line 1, ente	•				
4	Enter an estimate of your 2003 adjustments to income, including alimony, de					
5	Add lines 3 and 4 and enter the total. Include any amount for	distribution in the state of th				
6	Enter an estimate of your 2003 nonwage income (such as divident					
7	Subtract line 6 from line 5. Enter the result, but not less than	-0				
8	Divide the amount on line 7 by \$3,000 and enter the result he	re. Drop any fraction 8				
9	Enter the number from the Personal Allowances Worksheet,					
10	Add lines 8 and 9 and enter the total here. If you plan to use the					
	enter this total on line 1 below. Otherwise, stop here and enter					
		o-Job Worksheet				
Note	: Use this worksheet only if the instructions under line H on p	age 1 direct you here.				
1	Enter the number from line H, page 1 (or from line 10 above if you used	the Deductions and Adjustments Worksheet) 1				
2	Find the number in Table 1 below that applies to the lowest paying job and enter it here					
3	If line 1 is more than or equal to line 2, subtract line 2 from	line 1. Enter the result here (if zero, enter				
	"-0-") and on Form W-4, line 5, page 1. Do not use the rest of	f this worksheet				
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.						
4	Enter the number from line 2 of this worksheet	4				
5	Enter the number from line 1 of this worksheet	5				
6	Subtract line 5 from line 4	6				
7	Find the amount in Table 2 below that applies to the highest	paying job and enter it here				
8	Multiply line 7 by line 6 and enter the result here. This is the a	•				
9	Divide line 8 by the number of pay periods remaining in 2003.	· ·				
	every two weeks and you complete this form in December 2002. Enter the result here and on Form W-4,					
	line 6, page 1. This is the additional amount to be withheld fro	m each paycheck 9 \$				
	Table 1: Two-Earner	/Two-Job Worksheet				
	Married Filing Jointly	All Others				
	s from LOWEST Enter on If wages from LOWEST Enter on	If wages from LOWEST Enter on If wages from LOWEST Enter on				
	job are— line 2 above paying job are— line 2 above	paying job are— line 2 above paying job are— line 2 above				
	9 - \$4,000	\$0 - \$6,000 0 75,001 - 100,000 8 6,001 - 11,000 1 100,001 - 110,000 9				
9,001	- 15,000	11,001 - 18,000				
	- 20,000	18,001 - 25,000 3 25,001 - 29,000 4				
25,001	- 33,000	29,001 - 40,000 5				
	- 38,000	40,001 - 55,000 6 55,001 - 75,000 7				
30,001		to the second of				
		/Two-Job Worksheet				
Married Filing Jointly		All Others				
	If wages from HIGHEST Enter on paying job are— line 7 above	If wages from HIGHEST Enter on paying job are— line 7 above				
	\$0 - \$50,000 \$450	\$0 - \$30,000 \$450				
	50,001 - 100,000 800	30,001 - 70,000 800				
	100,001 - 150,000 . , . 900 150,001 - 270,000 1,050	70,001 - 140,000 900 140,001 - 300,000 1,050				
	270,001 and over 1,200	300,001 and over 1,200				

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penaltles. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 46 min.; Learning about the law or the form, 13 min.; Preparing the form, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send the tax form to this address. Instead, give it to your employer.